



PUBLIC ANNOUNCEMENT

REQUEST FOR PROPOSALS

SALEM COUNTY BOARD OF CHOSEN FREEHOLDERS

Salem County Department of Social Services / Drug and Alcohol Services

94 Market Street

Salem, New Jersey 08079

(856) 935-7510 x 8460

e-mail: maggie.vaughan@salemcountynj.gov

Subject

The Salem County Board of Chosen Freeholders, through its Department of Social Services /Drug and Alcohol Services, announces the anticipated availability of State contract funds (through the New Jersey Department of Human Services) All funds awarded are subject to the availability of State appropriations. The time frame for the available funds is for a one-year period: January 1, 2011 through December 31, 2011 with two (2) one-year renewal options. The Department of Social Services / Drug and Alcohol Services Division is seeking proposals for the following alcoholism and drug abuse treatment services:

OUTPATIENT/INTENSIVE OUTPATIENT SERVICES

ASAM Level I and II.1

\$22,874 for Adults

Sealed applications shall be accepted for the purpose of awarding agreements to public or non-profit agencies licensed by the State of New Jersey, Department of Human Services as an Ambulatory Care Drug Abuse Treatment Facility. The exact unit prices stated in the application for these 2011 funds will be used to execute any recommended approved agreements from January 1, 2011 through December 31, 2011. Salem County seeks Outpatient/Intensive Outpatient Services (ASAM Level I and II.1) in a total amount of \$22,874 for adults.

EVALUATION SERVICES

\$3,000 for Adults

Sealed applications shall be accepted for the purpose of awarding agreements to public or non-profit agencies licensed by the State of New Jersey, Department of Human Services as an Ambulatory Care Drug Abuse Treatment Facility. The exact unit prices stated in the application

for these 2011 funds will be used to execute any recommended approved agreements from January 1, 2011 through December 31, 2011. Salem County seeks Evaluation Services to be offered in the amount of \$3,000.

State/County Uniform Requirements

Potential applicants are hereby advised that all requirements imposed upon the County by the New Jersey Department of Human Services will be incorporated into subagreements to be developed by the County. Further, all county requirements shall similarly apply. County agreements awarded through these funds must be approved by the Salem County Local Advisory Board on Alcoholism and Drug Abuse, the Salem County Board of Chosen Freeholders and by the New Jersey Department of Human Services, Division of Addiction Services.

Process

1. Public announcement will be published in selected county media and will be mailed to agencies known to serve Salem County residents on or about **November 16, 2010**.
2. Proposal packets will be available on and after **November 16, 2010** at Salem County Purchasing Department, Administration Building 2nd Floor, 94 Market Street, Salem, New Jersey 08079, during regular business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Potential applicants may request a proposal packet: in writing, by e-mail (cwooten@salemcountynj.gov), in person, or by calling the Purchasing Department at (856) 935-7510 x 8401.
3. **Sealed** proposals should be returned no later than **December 2, 2010 at 11:00 a.m.** to Carol S. Wooten, Purchasing Agent, Administration Building, 94 Market Street 2nd Floor, Salem, New Jersey 08079. **Applicants must submit an original and four (4) copies.**
4. **Sealed** proposals will be opened and the contents publicly announced at the Purchasing Department, Administration Building 2nd Floor, 94 Market Street, Salem, New Jersey 08079 at **11:00 a.m. on December 2, 2010**. The Salem County Department of Social Services / Drug and Alcohol Services reserves the right to reject any and all proposals that are not in compliance with the specification of this RFP and/or incomplete and/or not submitted by the deadline. **Note: Failure to submit the NJ Business Registration Certificate (if a for-profit organization) and the Statement of Ownership is mandatory cause for rejection.**
5. An Evaluation Committee of the Salem County Local Advisory Committee on Alcoholism and Drug Abuse will meet to evaluate and rank submitted proposals.
6. The Salem County Board of Alcohol and Drug Abuse Services anticipates taking action on the applications for these alcoholism and drug abuse treatment and prevention funds at its **December 9, 2010** meeting.
7. The final recommendation of the Local Advisory Board on Alcoholism and Drug Abuse will be forwarded to the County's Qualified Purchasing Agent who will prepare a report and recommendations to the Board of Chosen Freeholders.
8. The Board of Chosen Freeholders will thereupon adopt a resolution of award.

General Requirements

All contractors agree to the following requirements for the term of this agreement:

1. Maintain, in accordance with practices acceptable to the Salem County Department of Social Services, uniform records of services described herein and rendered.
2. Forward monthly service (programmatic) reports to the Program Coordinator for Drug and Alcohol Abuse no later than the fifth working day of the month immediately following the end of the month concerned.
3. Accept the general supervision and consultation services from the Department in regards to the services being provided.
4. Function as an independent contractor, not an employee of the County of Salem, and not enter into any agreement on behalf of the County of Salem.
5. Make no assignments of this contract or monies due during the term of this contract without prior written approval of the County.
6. Client payments shall be deducted from the County billable amount, where applicable.
7. All services shall be billable on a monthly basis, which shall, at a minimum, include a breakdown of the client co-payment.
8. Cooperate with the Department regarding reporting and referral procedures.
9. Enable the Program Coordinator to attend any and/or all of the contractors Board of Directors and/or Advisory Board meetings. The Coordinator shall conduct site visits on a frequency to be determined by the Coordinator.
10. Contractors shall be required to attend quarterly meetings of the Salem County Providers Committee.
11. Maintain an accounting system sufficient for addressing an annual audit by the County of Salem and/or its agent(s), should such audit be required.
12. All clients must meet indigence guidelines, which for outpatient services is defined as at, or below, 250% of Federal Poverty Guidelines; and for residential services is defined as at, or below 350% of the Federal Poverty Guidelines.
13. Submit all invoices on a monthly basis no later than the fifth working day of the month immediately following the end of the month during which the services were provided. The Local Advisory Committee on Alcoholism and Drug Abuse shall review contract progress and may, based upon contractor's performance, recommend an increase or decrease in the contract funding level and subsequent reallocation of unspent funds to or from other contractors in order to provide service needs in a particular contract category.

14. Either party may terminate this contract by providing fourteen (14) calendar days written notice, via certified mail, of such intention to the other party.
15. Any contract issued by the County of Salem shall be subject to sufficient funds being appropriated by the Salem County Board of Chosen Freeholders for the specific programs herein listed.

Applicant Eligibility Requirements

1. Public or private non-profit agencies that have demonstrated experience working with persons having alcohol(ism) and drug abuse problems may submit applications.
2. Applicants for treatment services must possess a License as a Substance Abuse Treatment Facility from the N.J. Department of Human Services appropriate to the modality of service for which they seek funds.
3. Applicants must submit a fully-completed, typed application and six (6) copies by the required deadline in order to be considered for funds.
4. Applicants must agree to provide services to any eligible Salem County resident regardless of that person's national origin, race, creed, sexual orientation or physical disability.
5. The County may provide funds in each service category to one or multiple service providers.
6. These funds cannot be used to supplant or replace existing funds or resources from Federal, State or County government for existing alcoholism and drug abuse treatment services. Funds cannot be used for the purpose of capital construction or renovation.
7. Successful applicants must be willing to adhere to all reporting requirements and all policies required by the Salem County Department of Social Services/ Alcohol and Drug Abuse Services and must comply with program monitoring and evaluation conducted by the Department.
8. Successful applicants will be required to comply with P.L. 1975, (N.J.A.C. 17:27, et seq.) (Affirmative Action).
9. Successful applicants must agree to participate in the "New Jersey Substance Abuse Management System" (NJSAMS).
16. Successful applicants must agree to comply with stipulations in "Exhibit A" attached to the application in the proposal packet, especially Section 3, Item 4 concerning assurance "that grant funds are utilized for the provision of services to low income, uninsured persons..."
17. Successful applicants must demonstrate knowledge of and compliance with the federal "Health Insurance Portability and Accountability Act ("HIPAA").
18. The following documents should be submitted with the application per application instructions:
 - (1) 501c(3) I.R.S. letter (unless a public agency); (2) Most recent IRS Form 990 EZ or letter of exemption; (3) Applicant's Table of Organization; (4) Applicant's conflict-of-interest policy;

(5) Membership list of applicant's Board of Directors (including identification of Officers and terms of Officers and Director's); (6) A completed and signed "Certificate of Non-Debarment."; (7) copy of Applicant's Affirmative Action Certificate.

Purpose and Eligible Services

Through the award of these funds and other programs and projects, the Salem County Board of Chosen Freeholders hopes to reduce the incidence, prevalence and impact of alcoholism and drug abuse in Salem County.

Criteria for Award

The methodology for awarding agreements shall be based on an evaluation and ranking of the applications which shall include:

- Credentials and experience of agency staff
- Budget and management of the agency
- Experience of agency in providing treatment or prevention services and accreditation of agency
- Methodologies to evaluate quality and effectiveness of services
- Demonstration of accessibility for Salem County residents
- Projected Level-of-Service
- Statement of Need for proposed services
- Statement of goals, objectives, methods and outcome goals
- Service Profile description
- Agency's linkages to and from other agencies
- Consideration of service provision to special populations (ie: co-occurring disorders, disabled persons, aging adults)

ADVISORY NOTICE: S1778, Signed 6/29/2004 CONTRACTOR BUSINESS REGISTRATION CERTIFICATE
(Must be submitted with Bid)

You are hereby alerted to the above mentioned law that expands the *State Contractor Business Registration Program* to local government contracts, including purchase orders/vouchers, effective September 1, 2004.

The Law provides:

1. A copy of the Business Registration Certificate issued by the New Jersey Department of the Treasury shall be provided at the time any bid or RFP is submitted.

2. A copy of the Business Registration Certificate *must* be submitted before any purchase order or other contracting document can be issued.

Please contact the Department of the Treasury for the State of New Jersey at (609) 292-1730 for further information.

SAMPLE BUSINESS REGISTRATION

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTOR

TAXPAYER NAME:
TAX REGISTRATION TEST ACCOUNT
TAXPAYER IDENTIFICATION:
970-087-382/000
ADDRESS:
TREASURY NJ DEPT
TREASURY NJ DEPT
TREASURY NJ DEPT
TREASURY NJ DEPT

TRADE NAME:
CLIENT REGISTRATION
SEQUENCE NUMBER:
01072
ISSUANCE DATE:
07/14/04

Signature: J.P. S. Kelly
Date: 07/14/04

This Certificate is NOT assignable or transferable. It must be continuously employed at above address.

A.
EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the County and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the County files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the County, prior to execution of the contract, one of the following documents:

Goods and General Service Vendors

1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the County and the Division. This approval letter is valid for one year from the date of issuance.

Do you have a federally-approved or sanctioned EEO/AA program? Yes ☐ No ☐
If yes, please submit a photostatic copy of such approval.

2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the County as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.

Do you have a State Certificate of Employee Information Report Approval? Yes ☐ No ☐
If yes, please submit a photostatic copy of such approval.

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form to the County. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance.

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

DATE: _____

AFFIRMATIVE ACTION

EXHIBIT A (Revised 04/10)

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the

statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

Company:_____

Signature:_____

Print Name:_____

Title:_____

AMERICANS WITH DISABILITIES ACT
Mandatory Language

Equal Opportunity for Individuals with Disabilities.

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. s12101 et seq.), which Prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the CONTRACTOR, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER'S grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER, which is rendered pursuant to, said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its own expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

STATEMENT OF AUTHORITY

BID SUBMITTED FOR:

COMPANY: _____

ADDRESS: _____

BID SUBMITTED BY: _____

(Please Print)

SIGNATURE: _____

(Bid must be signed to be valid)

TITLE: _____ DATE : _____

TELEPHONE: _____ FACSIMILE: _____

TAXPAYER IDENTIFICATION NUMBER: _____

By submitting and signing this bid, we certify that we are familiar with all conditions and requirements of this bid.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public or private agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. _____

2. _____

How many employees does your company presently employ? _____

How many years has your company been providing this service? _____

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes____ No____. If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:_____

Name and telephone number of an individual who can be contacted at all times if service information is requested:_____

STOCKHOLDER DISCLOSURE CERTIFICATION

N.J.S.A. 52:25-24.2 (P.L. 1977 c33)

Failure of the bidder/respondent to submit the required information is cause for automatic rejection.

CHECK ONE

☐ I certify that the list below contains the names and addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

- ☐ Partnership ☐ Corporation ☐ Sole Proprietorship
☐ Limited Partnership ☐ Limited Liability Corporation ☐ Limited Liability Partnership
☐ Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Name	Address

Subscribed and sworn before me

this _____ day of _____, 200_____

(Affiant)

(Notary Public)

(Print Name and Title)

My Commission expires: _____

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this bid:

Name of Business: _____

Correspondence Address, including zip code:

Purchase Order Address, including zip code:

Payment Address, including zip code:

Telephone Number: _____

Facsimile Number: _____

CONSENT OF INSURANCE COVERAGE

WHEREAS, _____ as Principal, has submitted a bid to provide goods and/or services as specified in the subject bid to the County of Salem, and whereas, in order for such bid to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE BE IT KNOWN THAT, if the County of Salem shall accept the bid of the Principal and the Principal shall enter into a contract with the County of Salem in accordance with the terms of such bid, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey and who also maintains an office in the State of New Jersey.
- B. Comprehensive General Liability insurance in an amount no less than \$1,000,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$2,000,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- C. Comprehensive General Automobile Liability insurance in an amount no less than \$1,000,000.00 combined single limit covering owned, non-owned, or hired vehicles and shall include provisions for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation of such coverage. The County of Salem shall be included as an additional named insured.
- D. All policies maintained shall name the County of Salem as an additional named insured and shall provide for thirty (30) days prior written notice to the County of Salem of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the County Counsel with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverages must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

PRINCIPAL:

Sworn to and subscribed
Before me on this _____
Day of _____,
200__.

(Bidder's Company Name)

(Authorized Signature
on Behalf of the Principal)

NOTARY PUBLIC

INSURER:

(Insurer's Company Name)

My Commission expires: _____

(Authorized Signature
on Behalf of the Insurer)

NON-COLLUSION AFFIDAVIT

State of _____

County of _____ ss:

I, _____ residing in _____
(Name of Affiant) (Name of Municipality)

in the County of _____ and the State of _____, of full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm _____
(Title or Position) (Name of Firm)

the bidder making the proposal for the above named project, and that I executed the said proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the County of Salem in the State of New Jersey relies upon the truth of the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____
(N.J.S.A. 52:34-15). (Name of Contractor)

Subscribed and sworn to
Before me this day
_____ 200__.

(Signature of Affiant)

(Signature of Notary Public)

(Typed or Printed Name of Affiant)

My Commission expires _____
(Month, Day, Year)

COUNTY OF SALEM

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number

Dated

☐ No addenda were received

Acknowledged for: _____
(Name of Bidder)

By: _____
(Signature of Authorized Representative)

Name: _____

Title: _____

FAILURE TO ACKNOWLEDGE AND RETURN WITH YOUR BID SUBMISSION THE RECEIPT OF ANY ISSUED ADDENDA FOR THIS BID ON THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM SHALL BE CAUSE FOR YOUR BID TO BE REJECTED. N.J.S.A. 40A:11-23.2.e.